

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00



Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Anchor Estates SW LLC	06049931
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE
Type of Filing: X New Filing Amendment	_
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Anchor Estates SW LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
4370 Chicago Drive, Suite B-216, Grandville, MI 49418	(616)669-8586
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	) PROCESSE
	DILIOCESSE
Type of Business Organization	PROCESSE  OCT 2 8 2006
	ed liability compationSON
Month Year  Actual or Estimated Date of Incorporation or Organization: [0][8] [0][6]	FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	:
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities elow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20:	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supple not be filed with the SEC.	rt the name of the issuer and offering, any changes ied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	•
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for st ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle	cemption. Conversely, failure to file the ss such exemption is predictated on the

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filing of a federal notice.

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2. Enter the information reque		-			
<ul> <li>Each promoter of the</li> </ul>	issuer, if the iss	uer has been organized w	ithin the past five years;		
<ul> <li>Each beneficial owner</li> </ul>	having the powe	er to vote or dispose, or dis	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
<ul> <li>Each executive officer</li> </ul>	and director of	corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
<ul> <li>Each general and man</li> </ul>	aging partner of	f partnership issuers.			
Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
McCloud Propert:					
Business or Residence Address					
4370 Chicago Dr	ive, Suit	e B-216, Grand	iville, ML 4941	<u>.                                    </u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)	<del> </del>			
McCloud, John					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
4370 Chicago Dr	Lve, Suit	e B-216, Grand	<u>lville, MI 4941</u>	18	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and	Street, City, State, Zip Co	de)		. <u></u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
	411- 11	ih ahaa a aasaa a		h	
	(Use blan	ik sneet, or copy and use	additional copies of this s	neet, as necessary)	

4.7	7.7.	क्षा क्षा क्षा क्षा क्षा क्षा क्षा क्षा			B	NFORMAT	ION ABOU	T ÖFFERI	NG NE		强力是不		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
1.	Has the	issuer sold	d, or does th	he issuer i	ntend to se	II. to non-a	ccredited i	nvestors in	this offer	ine?		Yes X	No □
••	rius tiic	155401 5011	a, 0. uoco			Appendix						<u> </u>	نت
2.	What is	the minim	um investn	ent that w	ill be acce	pted from a	any individ	lual?			•••••	\$ <u>25</u> ,	000
3.	Does th	e offering	permit join	t ownershi	n of a sine	le unit?						Yes <b>₹</b>	No
4.		_									irectly, any	K.5.1	
	commis If a pers or states a broke	sion or sim on to be lis s, list the na r or dealer	ilar remune sted is an ass ame of the b , you may s	ration for s sociated pe roker or de et forth the	solicitation erson or age ealer. If me	of purchase ent of a brok ore than five	ers in conno cer or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering. with a state ons of such		
Ful	l Name (	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	lumber and	d Street, C	ity, State, 2	(ip Code)			<u>.</u>	<del></del>		
Nai	me of As:	sociated Bi	roker or De	aler			·						
<u></u>	!	D	Listed Has	. C. U		An Callaia	D						
Sta			s" or check						***************************************	************	***************************************		l States
	IL	[AK]	AZ IA	(AR)	CA KY	LA	ME	DE) MD	DC MA	FL MI	GA MN	HI MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK]	OR	PA
	RI	SC	SD	(TN)	TX	UT	[VT]	VA	WA	ŴŸ	[WI]	WY	PR
Ful	l Name (	Last name	first, if indi	ividual)				•					
Bus	siness or	Residence	: Address (1	Vumber an	d Street, C	ity, State,	Zip Code)						<del></del>
Nai	me of Ass	sociated Bi	roker or De	aler									
Sta	tes in Wh	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)							☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (	Last name	first, if ind	ividual)			<u> </u>						
Bus	siness or	Residence	Address (1	Number an	id Street, C	City, State,	Zip Code)					-,-	····
Nai	ne of As:	sociated Bi	roker or De	aler			· · · · · · · · · · · · · · · · · · ·						
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)								☐ Al	1 States			
	AL	AK	AZ	[ĀR]	CA	CO	CT	DE	DC	FL	GA	HI	ID)
	11.	IN	IA	KS	KY	LΛ	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C-OFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS

	already exchanged.	Aggregate		Amount Already
	Type of Security	Offering Pric	e	Sold
	Debt	\$		\$
	Equity	\$		
	Common Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$		<b>s</b>
	Other (Specify Limited Liability Company Interests or Notes	<u>\$</u> 450,000	<u> </u>	\$
	Total	. \$ 450,000		\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicathe number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	te		Aggregate Dollar Amount of Purchases
	Accredited Investors	•	_	\$
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)	0		\$ <u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	ne		
		Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504		_	\$ <u>·</u>
	Total		_	\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	эг.		
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			<b>S</b>
	Legal Fees	******		\$ 8,000
	Accounting Fees			\$
	Engineering Fees			\$ 5,000
	Sales Commissions (specify finders' fees separately)			<b>s</b>
	Other Expenses (identify) Organization and Offering costs			s 3,500
	Total	*********	$\Box$	<b>s</b> 16,500

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross	•	\$ 433,500
i.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		□s 37,175	□ <b>s</b> 17,850
	Purchase of real estate		_	
	Purchase, rental or leasing and installation of mac and equipment	hinery		
	Construction or leasing of plant buildings and fac	ilities		
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	п¢	п. :
1	Repayment of indebtedness			
	Working capital			
	Other (specify): Insurance premium,			_
	escrow, title escrow and cl		_	- <del></del>
				<b>\$</b>
	Column Totals		\$ <u>37,175</u>	□\$396,325
	Total Payments Listed (column totals added)		□ \$ <u>_4</u> :	33,500
		D. FEDERAL SIGNATURE		
igi	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	undersigned duly authorized person. If this notic nish to the U.S. Securities and Exchange Commi	e is filed under Ru ssion, upon writte	le 505, the following
SSI	er (Print or Type)	Signature ()	Date	· ·
Ar	chor Estates SW LLC	スメン W ママ	October 2	2, 2006
lai	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Τc	hn McCloud	Manager McCloud Propertie		Manager of

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

$\frac{(2m)(2n)}{(n-1)^{2n}}$		E. STATE SIGNATURE		100 6 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1.7		262 presently subject to any of the disqualification	Yes	No <b>K</b>
	•	See Appendix, Column 5, for state response.		, .
2.	The undersigned issuer hereby undertak D (17 CFR 239.500) at such times as r	es to furnish to any state administrator of any state in which thi equired by state law.	s notice is filed a no	tice on Form
3.	The undersigned issuer hereby underta issuer to offerees.	kes to furnish to the state administrators, upon written reques	st, information furn	ished by the
4.	limited Offering Exemption (ULOE) of	the issuer is familiar with the conditions that must be satisfice the state in which this notice is filed and understands that the ablishing that these conditions have been satisfied.		
	uer has read this notification and knows the thorized person.	contents to be true and has duly caused this notice to be signed	on its behalf by the	undersigned
İssuer (	Print or Type)	Signature Date		
And	hor Estates SW LLC	$X \sim X \sim$	october 2, 2	006
Name (	Print or Type)	Title (Printler Type)		

Manager, McCloud Properties, L.L.C., Manager of Issuer

## Instruction:

John McCloud

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		W. Sen	And the second second	AT	PENDIX				
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ification te ULOE attach ition of granted) Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ									
AR									
CA	av (III) - 1, -1,-								
СО									
CT									
DE								<u>                                     </u>	
DC				<u>-</u>					
FL	Х		LLC Interest Notes				<del></del>		
GA							· · · · · · · · · · · · · · · · · · ·		
н		l							
ID			IVC Tatamasta						
IL	X		LLC Interests or Notes				· · · · · · · · · · · · · · · · · · ·		X
IN	<u>X</u>		LLC Interests or Notes	İ					X
IA									
KS									<u></u> ]
KY									
LA									
ME									
MD									
МА			IIC Intornation				<del> </del>		
MI	Х		LLC Interests or Notes			,			X
MN									
MS									

APPENDIX 3 2 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and explanation of to non-accredited offering price offered in state amount purchased in State waiver granted) investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors State Yes No Amount Amount MO MT NE NVNH NJ NM NY NC NDОН OK OR PA RI SC SD TN TX UT VT VA WA WVWI

	APPENDIX											
1		2	3			4			lification ate ULOE			
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			amount purchased in State					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY												
PR												